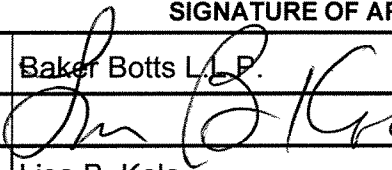


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/789,308
	Filing Date	02/26/2004
	First Named Inventor	Jessell et al.
	Art Unit	1647
	Examiner Name	Daniel C. Gamett
Total Number of Pages in This Submission	Attorney Docket Number	070050.2891

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center;">Non-Patent Literature</div>
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Baker Botts L.L.P.	
Signature		
Printed name	Lisa B. Kole	
Date	11/14/2007	Reg. No. 35,225

CERTIFICATE OF TRANSMISSION/MAILING		
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Signature		
Typed or printed name		Date

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FEE TRANSMITTAL for FY 2007

Complete if Known

Application Number	10/789,308
Filing Date	02/26/2004
First Named Inventor	Jessell et al.
Examiner Name	Daniel C. Gamett
Art Unit	1647
Attorney Docket No.	070050.2891

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 705

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims		25	\$0
Independent Claims		105	\$0
Multiple Dependent			\$0
SUBTOTAL			\$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	50	25
Independent claims in excess of 3	210	105
Multiple dependent claim, if not paid	370	185

FEE CALCULATION (continued)

ADDITIONAL FEES

<input type="checkbox"/> Surcharge - late oath or filing fee	
<input type="checkbox"/> Non-English Specification	
<input type="checkbox"/> Extension for reply within first month	
<input type="checkbox"/> Extension for reply within second month	
<input checked="" type="checkbox"/> Extension for reply within third month	\$525
<input type="checkbox"/> Extension for reply within fourth month	
<input type="checkbox"/> Extension for reply within fifth month	
<input type="checkbox"/> Notice of Appeal	
<input type="checkbox"/> Filing a brief in support of an appeal	
<input type="checkbox"/> Petition to revive - unavoidable	
<input type="checkbox"/> Petition to revive - unintentional	
<input type="checkbox"/> Utility Issue Fee	
<input type="checkbox"/> Design Issue Fee	
<input type="checkbox"/> Publication Fee	
<input type="checkbox"/> Petitions to the Commissioner	
<input type="checkbox"/> Request for Continued Examination (RCE)	
<input checked="" type="checkbox"/> Information Disclosure Statement (IDS)	\$180
Other fee -	

SUBTOTAL (\$) 705

SUBMITTED BY

Name (Print/Type) Lisa B. Kole

Signature

Registration No.
(Attorney/Agent)

35,225

(Complete if applicable)

Telephone

212-408-2500

Date

11/14/2007

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